



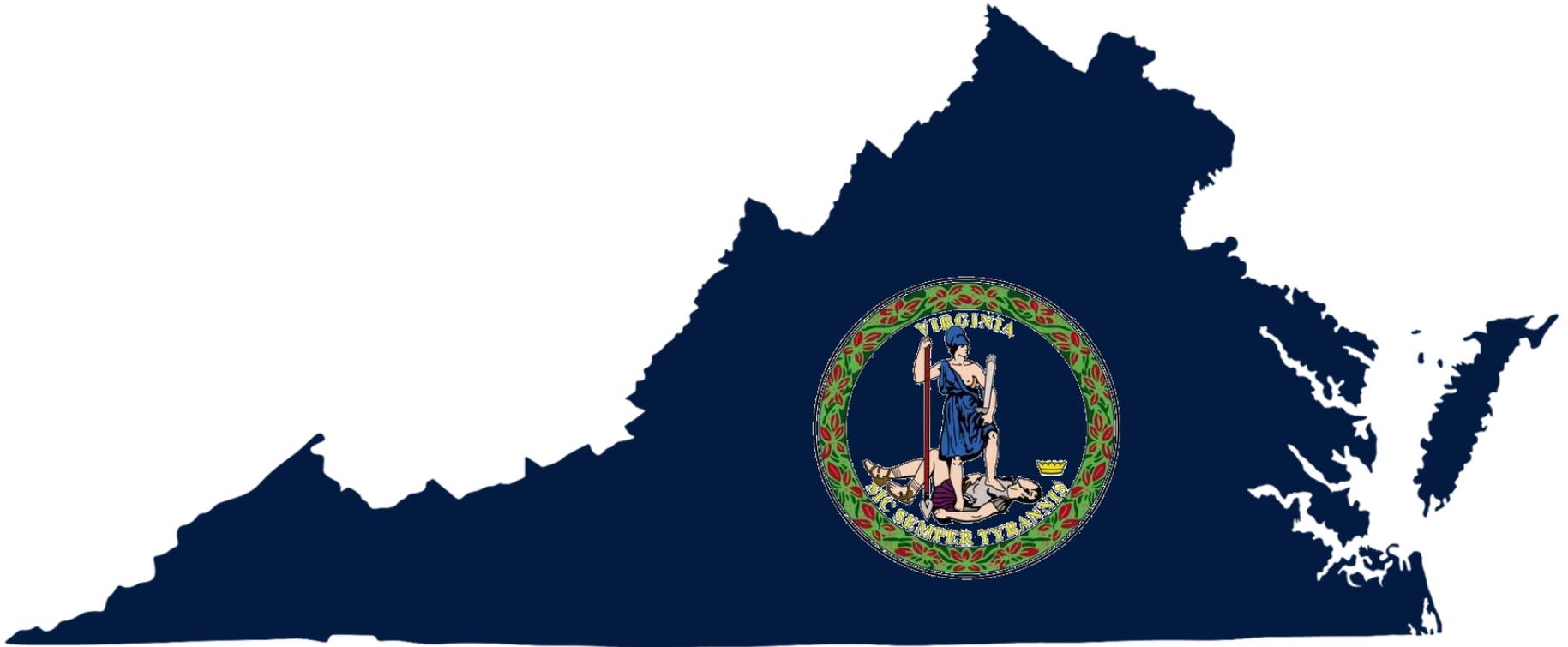
INTRODUCING



MEDALLION 4.0

Growing Strong

MEDALLION 4.0



Will cover approximately 740,000 Medicaid and FAMIS members effective August 1, 2018

MEDALLION 4.0 PROGRAM DESIGN

- ✓ Medallion 4.0 will cover the basic Medallion 3.0 and FAMIS populations
- ✓ New carved in populations and services:
 - Third Party Liability (TPL)
 - Early Intervention (EI) Services
 - Community Mental Health and Rehabilitation Services (CMHRS)
- ✓ Members will have a choice of **six (6)** plans with statewide coverage
- ✓ Focus will be on each covered population
- ✓ One Medallion /FAMIS contract

MEDALLION 4.0 PROGRAM DESIGN

- Expands
 - Care Coordination Programs
 - Telehealth and Telemedicine
 - Stakeholder Engagement
 - Social Determinants of Health
 - Use of Social Media
 - Trauma Informed Care
- Increase Focus on Network Adequacy
 - Additional Quality and HEDIS Requirements
 - Collaboration and Joint Projects Across Sister Agencies
 - Dept. of Behavioral Health and Developmental Services (DBHDS)
 - VA Dept. of Health (VDH)
 - VA Dept. of Social Services (VDSS)
 - VA Dept. of Education (DOE)

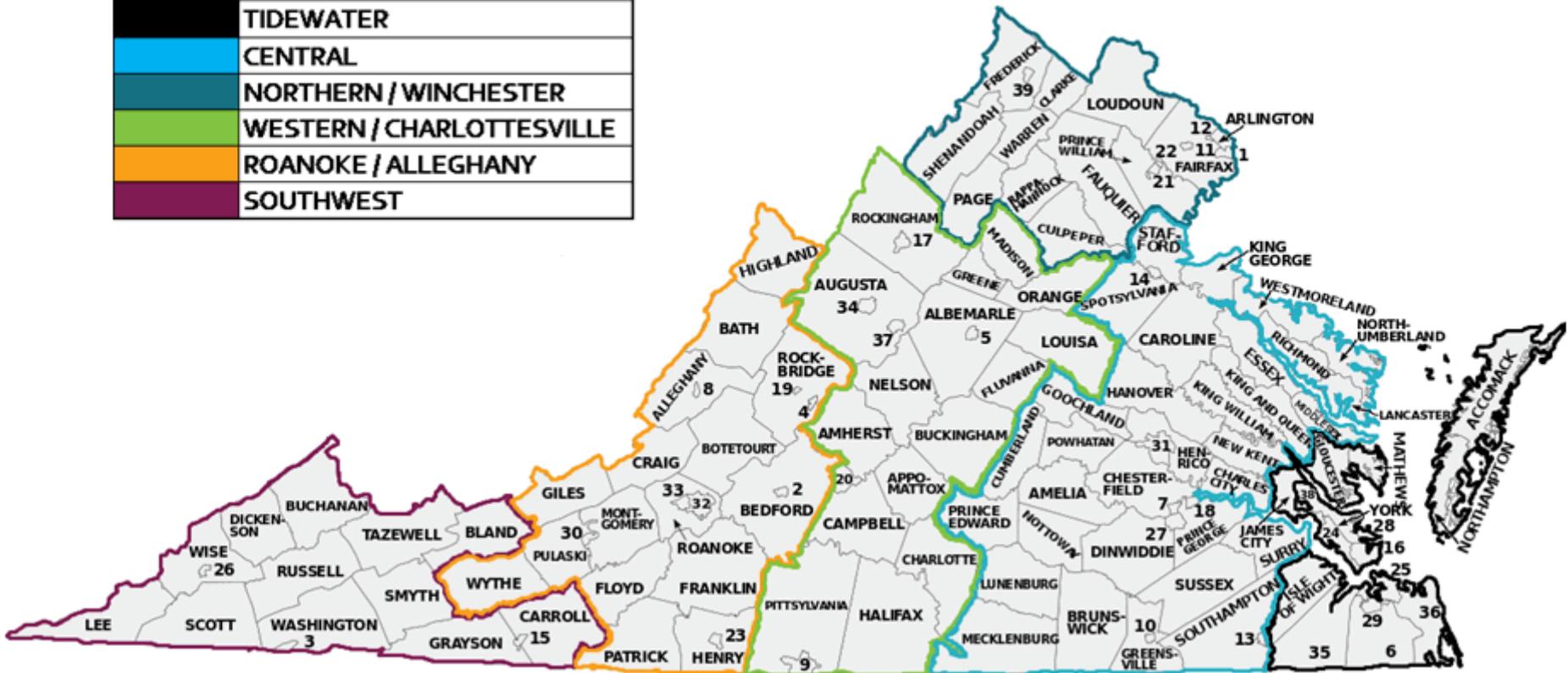
MANAGED CARE ALIGNMENT

Medallion 4.0 and CCC Plus Managed Care Programs Are Aligned In Many Ways

- ✓ Six Managed Care Organizations with statewide service
- ✓ Six Regions {Medallion 3.0 is currently 7}
- ✓ Services (where possible)
- ✓ Provider and member engagement
- ✓ Quality, data and outcomes
- ✓ Strong compliance and reporting
- ✓ Streamlined processes and shared services

MEDALLION 4.0 REGIONS

REGIONS	
	TIDEWATER
	CENTRAL
	NORTHERN / WINCHESTER
	WESTERN / CHARLOTTESVILLE
	ROANOKE / ALLEGHANY
	SOUTHWEST



LAUNCH BY REGION

Anticipated Launch Date	Region of Virginia	Regional Launch Population
August 1, 2018	Tidewater	161,421
September 1, 2018	Central	189,438
October 1, 2018	Northern/Winchester	178,416
November 1, 2018	Charlottesville/Western	88,486
December 1, 2018	Roanoke/Alleghany	72,827
December 1, 2018	Southwest	46,558
Total		737,146



Growing Strong

MEDALLION 4.0 ADVANTAGES

- Focuses on **quality of care** for individuals
- Offers a network of **high quality providers**
- Health plans offer **enhanced benefits**
- Health plans provide **comprehensive** health coverage and will focus on **prevention**
- Managed Care Organizations (MCOs) focus on **innovation** and **social determinants of health**

POPULATION FOCUS



- Pregnant Women
 - Infants
 - Children/Teens
- Foster Care & Adoption Assistance
 - Adults

PREGNANT WOMEN



- ✓ Expanded Case Management
- ✓ Increase Prenatal and Postpartum Utilization
- ✓ Lower C-Section Rate
- ✓ Increase Family Planning and Long Acting Reversible Contraception (LARC) Utilization
- ✓ Opioid Treatment Through the Addiction and Recovery Treatment Services (ARTS) Program
- ✓ Targeted Maternal Child Health (MCH) Special Projects

INFANTS

- ✓ Newborn Enrollment
- ✓ Promote Safe Sleep Initiatives
- ✓ Decrease Neonatal Abstinence Syndrome (NAS) Babies and Substance-Exposed Infants (SEI)
- ✓ Early Intervention (EI)



CHILDREN



- Increase
 - ✓ Oral Health Utilization
 - ✓ Vision Screenings
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Private Duty Nursing Reform to Include School Sites
- Community Mental Health and Rehabilitation Services (CMHRS)
- Prevent and/or reduce obesity, asthma, and other chronic conditions

TEENS



- ✓ Increase Well Visits
- ✓ Expanded Vision Care and Access
- ✓ Focus on Messaging to Adolescents
- ✓ EPSDT Focus

FOSTER CARE & ADOPTION ASSISTANCE



- ✓ Trauma Informed Care and Resilience
- ✓ Enrolling Eligible Members in Fostering Futures and Former Foster Care
- ✓ Focus on Transition to Adulthood
- ✓ Collaboration with Local Department of Social Services
- ✓ Foster Care and Adoptive Parents

ADULTS



- ✓ Wellness and Prevention
- ✓ Expanded Chronic Case Management and Disease Management
- ✓ Enhanced Services
- ✓ Behavioral Health
- ✓ Family Planning/LARC
- ✓ Social Determinants of Health
- ✓ Decrease Emergency Department Use

POPULATIONS EXCLUDED

- ✓ CCC Plus enrollees, including Aged, Blind, Disabled and Home and Community-Based Waiver Services
- ✓ Plan First
- ✓ Inpatient mental health in state psychiatric hospital
- ✓ Hospice enrollees
- ✓ Nursing facility members
- ✓ Newly eligible pregnant members in third trimester who request exemption
- ✓ Hospitalized at the time of scheduled enrollment

CONTINUITY OF CARE

- During the **continuity of care** period of up to 30 days, MCOs will allow members to use their existing providers while new providers are located
- MCOs have the ability to go out of network to provide a service if they do not have a provider in their network that can provide a service

KEYS TO CONTINUITY

- **Start with contacting the MCO**
- **Work with them to coordinate care for the member**
- **Let them know the member's current providers and use the MCO as a resource to locate providers**



FOSTER CARE CONTACTS

<p>Aetna Better Health</p>	<ul style="list-style-type: none"> • Melissa Fraase Parent, MSW, LCSW Clinical Health Services Manager, 959-299-6323 ParentM@aetna.com • Monique Brown Foster Care Outreach Team, BrownM16@aetna.com
<p>Anthem Health Keepers Plus</p>	<ul style="list-style-type: none"> • Jamie Nye, LPC Behavioral Health Case Manager II, 1-844-533-1994 x 48320 Jamie.nye@anthem.com
<p>InTotal Health <i>*please note that email addresses may change when plan formally switches to United</i></p>	<ul style="list-style-type: none"> • Kristen Smith Health and Social Service Manager, Kristen.Smith@inova.org • Rhonda Richardson Foster Care Coordinator, Rhonda.Richardson@inova.org • Julie Garcia, MSW, LNHA, ACM (if unable to reach Kristen and Rhonda) Health Service Director, 703-286-3972, julie.garcia@inova.org
<p>Kaiser Permanente (until Sept 30, 2018)</p>	<ul style="list-style-type: none"> • Traci Templer, LCSW Pediatric Social Worker/Case Manager, 202-308-2171 Traci.L.Templer@kp.prg • Veronica Tillar, RN, BSN (If Traci is unavailable) Manager, Outpatient Continuing Care, 301-625-6154 Veronica.A.Tillar@kp.org
<p>Magellan Complete Care (starting August 1, 2018)</p>	<ul style="list-style-type: none"> • Cheryl Ricciardi VP, Health Services, 804-762-6094 CRicciardi@magellanhealth.com
<p>Optima Family Care</p>	<ul style="list-style-type: none"> • Optima Family Care Line 1-866-503-5828 (this line goes directly to the Case Management team)
<p>Virginia Premier Health Plan</p>	<ul style="list-style-type: none"> • Sheena Holmes • Medallion Senior Patient Care Coordinator, 804-819-5151 x78297 • Cassandra Johnson Case Management Manager, 804-819-5151 x55031 Cassandra.Johnson1@vapremier.com

EPSDT

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a Federal law (42 CFR § 441.50 et seq)
- Requires state Medicaid programs to assure that health problems for individuals under the age of 21 are diagnosed and treated as early as possible, before the problem worsens and treatment becomes more complex and costly



EPSDT

- EPSDT services:
 - not “waiver” services
 - not a program with “criteria to get in”
 - no “waiting list”
 - no monetary cap on the total costs of EPSDT services
 - no limit on the number of EPSDT visits to a physician, therapist, dentist or other licensed clinician as long as medically necessary
 - no copayment or other costs to member

ELIGIBILITY

- Children under the age of 21 who receive Medicaid through Medicaid/FAMIS Plus or a MCO;
- FAMIS children who are not enrolled with a Managed Care Organization (MCO)
- MCO enrolled FAMIS children receive well child services through their MCO
- Children under age 21 who are enrolled in a home and community-based waiver program are also entitled to all EPSDT screening, diagnostic, and treatment services
- If a child is currently enrolled in Medicaid and applying for a waiver, the child has access to the EPSDT benefit

SERVICES OFFERED

EPSDT requires a broad range of outreach, coordination and health services that are distinct from general state Medicaid requirements, and is composed of two parts:

- ✓ **Early and universal assessment** of children's healthcare needs through periodic screenings, and diagnostic and treatment services for vision, dental and hearing
- ✓ **Medically necessary products, or procedures for children to “correct or ameliorate”** a defect, physical or mental illness, or health problem identified through routine medical screening or examination, regardless of whether coverage for the same service/support is an optional or limited service for adults under the state plan

SERVICE REQUIREMENTS

- Medically necessary carved out services are covered either by DMAS or the Behavioral Health Services Administrator
- All treatment services require service authorization to validate that the service being requested is:
 - Deemed medically necessary to correct or ameliorate a child's defect, physical or mental illness, or condition;
 - Authorized before the service is rendered by the provider; and
 - Documented by a physician, if there is a need for specialist referral or treatment

COMMON SERVICES REQUESTED

- Assistive Technology
 - Specialized medical equipment, supplies, devices, controls and appliances to directly enable individuals to increase their abilities to perform ADLs, or to perceive, control or communicate within their environment
 - Must be portable
 - Examples: Portable ramps, standers, lifts, weighted vests, adapted tricycles, adapted utensils, augmentation devices, etc.

COMMON SERVICES REQUESTED

- Private Duty Nursing

M4.0 MCOs:

- Not required to cover PDN services in the school setting, when included in the child's IEP – authorization through DMAS
- Medically necessary PDN services, which are not included in the IEP but are requested to be rendered in the school setting will be paid for by the MCO

COMMON SERVICES REQUESTED

- School Health Services
 - M4.0 MCOs are not required to cover school health services
 - School health services that meet the Department's criteria will continue to be covered as a carve-out service through the DMAS fee-for-service system
 - Private duty nursing and personal care services provided through EPSDT, are not considered school health services, including when provided in the school setting or provided before or after school if the service is not included in the child's IEP



Department of Medical Assistance Services

Home

Search GO

Virginia Medicaid Portal	Medicaid Reform and PPACA	Appeals	Client Services	Provider Services
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What's New : | [MES procurement timeline](#) | [ARTS](#) | [RightFAX Number Change Notice](#) | [Commonwea](#)

Who We Are

Welcome to the Department of Medical Assistance Services' (DMAS) homepage. DMAS is the agency that administers Medicaid and the State Children's Health Insurance Program (CHIP) in Virginia. The CHIP program in Virginia is called Family Access to Medical Insurance Security (FAMIS). Our mission at DMAS is to provide a system of high quality and cost effective health care services to qualifying Virginians and their families.



**On DMAS website click
Medallion 3.0 or
Medallion 4.0**



DMAS is one of twelve state agencies under the Virginia Secretary of Health and Human Resources. To learn more about the agency's vision, values and core functions, please see the [DMAS Agency Strategic Plan](#).

To view DMAS' organization chart, please see the [DMAS Organizational Chart](#).

To learn more about the services and people covered by Virginia Medicaid, please click on [The Virginia Medicaid Program: At a Glance](#). For information about Virginia's CHIP programs, please see CHIP in Virginia.



Virginia Governor
Ralph Northam



[Governor's Website](#)

Agency Director
Dr. Jennifer Lee



[Welcome to DMAS](#)

What's New

- [Medallion 4.0 Program Launch Memo](#)
- [Medallion 3.0 Annual Report 2017: Connecting Care](#)
- [2017 Nursing Facility Wage Survey](#)
- [Program Integrity Division – FY 2017 Annual Report](#)
- [Medallion 4.0: Notice of Awards](#)
- [MEDALLION 4.0 RFP Regional Negotiations Announcements](#)
- [DMAS Draft Quality Strategy Public Comment](#)
- [DD Waiver – Provider Self Assessments](#)
- [CCC Plus](#)
- [DMAS Newborn Enrollment Update](#)
- [Waiver Rate Methodology - Public Comment](#)
- [Medallion 3.0 Annual Report: The Way Forward](#)
- [Maternal and Infant Improvement Project \(MIIP\) Activities Report 2015 - 2016](#)



Department of Medical Assistance Services

Home > Maternal and Child Health

Search GO

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- Commonwealth Coordinated Care
- Commonwealth Coordinated Care Plus (MLTSS)
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- Incentive Payment (DSRIP)
- Dental Services
- Fiscal Information
- Governor's Access Plan (GAP)
- Learning Network
- Aging and Disability Services
- Medallion 3.0
- Medallion 4.0
- Maternal and Child Health
- Pharmacy Services
- Prescription Drug Formularies
- Provider Services
- Service Authorization
- Medical Assistance Eligibility

On DMAS website click Maternal and Child Health

MATERNAL AND CHILD HEALTH PROGRAMS



This page provides information on Virginia's Maternal and Child Health Insurance Programs, which include the Family Access to Medical Insurance Security Plan (FAMIS) and FAMIS Plus (the name for children's Medicaid). It also provides information on other services and resources related to maternal and child health.

- ◆ [Best Practices for Prenatal, Postpartum and Obstetrical Care](#)
- ◆ [Prenatal and Postpartum Care Fast Facts](#)

What's New!

- ◆ [Sleep Tips For Expectant Mothers and Mothers of Newborns](#)
- ◆ [2016 BabyCare Case Management Service Authorization Request Process](#)
- ◆ [Maternal and Infant Improvement Project \(MIIP\) Activities Report 2015 - 2016](#)
- ◆ [Coverage of Breast Pumps and Lactation Consultation Services\(English\)](#)
- ◆ [Coverage of Breast Pumps and Lactation Consultation Services\(Spanish\)](#)
- ◆ [Breastfeeding Support Coverage - for Providers](#)
- ◆ [December 1, 2015 Provider Memo](#)

- ⊕ [FAMIS](#)
- ⊕ [RESOURCES FOR PREGNANT WOMEN](#)
- ⊕ [NEWBORN ELIGIBILITY NOTIFICATION FORMS](#)
- ⊕ [BABYCARE](#)
- ⊕ [PLAN FIRST - FAMILY PLANNING SERVICES PROGRAM](#)
- ⊕ [EPSDT - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT PROGRAM](#)
- ⊕ [EIS - EARLY INTERVENTION SERVICES](#)

When MCH link opens click EPSDT

- Service Authorization
- Medical Assistance Eligibility
- Policy and Guidance
- Provider Manual Drafts Open to Public Comment
- Plan First
- Search Services

EPSDT - EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT PROGRAM



EPSDT is geared to the early assessment of children's health care needs through periodic screenings. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible.

- ◆ [EPSDT Specialized Services- Guide to Providers](#)

Parent and Caregiver Information

- ◆ [EPSDT Fact Sheet](#)

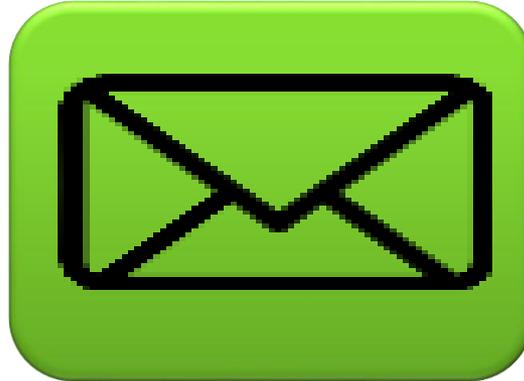
EPSDT Birthday Newsletters

- ◆ [Infant and Toddler in English](#)
- ◆ [Infant and Toddler in Spanish](#)
- ◆ [Early Childhood in English](#)
- ◆ [Early Childhood in Spanish](#)
- ◆ [Middle Childhood in English](#)
- ◆ [Middle Childhood in Spanish](#)
- ◆ [Adolescents in English](#)
- ◆ [Adolescents in Spanish](#)
- ◆ [Teens in English](#)
- ◆ [Teens in Spanish](#)

EPSDT Regulations and CMS Guidance

- ◆ [Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents](#)
- ◆ [Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits](#)
- ◆ [Making Connections: Strategies for Strengthening Care Coordination in the Medicaid Benefit for Children & Adolescents](#)

QUESTIONS?



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